



**PLAN B RATE SHEET**  
FIRE BARGAINED, TRANSIT BARGAINED

**JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 PREMIUM INFORMATION**

<b>MEDICAL</b>	<b>SINGLE</b>	<b>2-PERSON</b>	<b>3 OR MORE</b>	<b>DENTAL</b>	<b>SINGLE</b>	<b>2-PERSON</b>	<b>3 OR MORE</b>
Pay Period	\$17.50	\$27.50	\$32.50	Pay Period	\$0.00	\$0.00	\$0.00
Monthly	\$35.00	\$55.00	\$65.00	Monthly	\$0.00	\$0.00	\$0.00

<b>VISION</b>	<b>SINGLE</b>	<b>EE+SPOUSE</b>	<b>EE+CHILD(REN)</b>	<b>FAMILY</b>
Pay Period	\$3.35	\$6.70	\$7.17	\$9.97
Monthly	\$6.70	\$13.40	\$14.34	\$19.94

**FLEXIBLE SPENDING ACCOUNTS (FSA)**

Healthcare FSA Maximum – IRS maximum  
Dependent Care FSA Maximum – IRS maximum

**BASIC LIFE INSURANCE AND AD/D**

Coverage Amount - \$25,000

**SUPPLEMENTAL EMPLOYEE & SPOUSE LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT**

Employees may elect supplemental life insurance in increments of \$10,000 up to \*\$300,000 for themselves and increments of \$5,000 up to \*\$150,000 for their spouse.

<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>
0-24	\$0.09	35-39	\$0.13	50-54	\$0.34	65-69	\$1.31
25-29	\$0.10	40-44	\$0.16	55-59	\$0.55	70-74	\$2.10
30-34	\$0.12	45-49	\$0.24	60-64	\$0.72	75-79	\$3.60
						80 & up	\$5.41

*\*Please refer to the Benefit Guide for more information regarding Guarantee Issue amounts, age reductions and requirements for Evidence of Insurability.*

**SUPPLEMENTAL CHILD LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT**

Employees may elect supplemental child life insurance in flat amounts of \$5,000, \$10,000 or \$15,000.

*\*Children to age 26 are eligible for coverage. Premium covers all eligible dependent*

**Rates**

<b><u>\$5,000</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>
\$0.95/per month	\$1.90/per month	\$2.85/per month

*Coverage Limitation: Birth to 6 Months: \$500; \$1,000, \$1,500 respectively. Once a newborn reaches 6 months, full coverage amounts go into effect*

**ACCIDENT INSURANCE**

Four tier plan and dependents to age 26 are eligible for coverage

Employee Only:	\$4.93/month
Employee+Spouse:	\$9.78/month
Employee+Child(ren):	\$10.02/month
Family:	\$14.87/month

**HOSPITAL INDEMNITY INSURANCE**

Four tier plan and dependents to age 26 are eligible for coverage

Employee Only:	\$5.37/month
Employee+Spouse:	\$12.53/month
Employee+Child(ren):	\$9.49/month
Family:	\$16.65/month

**CRITICAL ILLNESS INSURANCE (ALL RATES SHOWN ARE MONTHLY)**

Employee					Spouse				
Age	Rate per \$10k	\$10k	\$20k	\$30k	Age	Rate per \$10k	\$5k	\$10k	\$15k
<24	\$2.00	\$2.00	\$4.00	\$6.00	<24	\$2.00	\$1.00	\$2.00	\$3.00
25-29	\$2.70	\$2.70	\$5.40	\$8.10	25-29	\$2.70	\$1.35	\$2.70	\$4.05
30-34	\$3.30	\$3.30	\$6.60	\$9.90	30-34	\$3.30	\$1.65	\$3.30	\$4.95
35-39	\$4.00	\$4.00	\$8.00	\$12.00	35-39	\$4.00	\$2.00	\$4.00	\$6.00
40-44	\$7.40	\$7.40	\$14.80	\$22.20	40-44	\$7.40	\$3.70	\$7.40	\$11.10
45-49	\$11.10	\$11.10	\$22.20	\$33.30	45-49	\$11.10	\$5.55	\$11.10	\$16.65
50-54	\$13.50	\$13.50	\$27.00	\$40.50	50-54	\$13.50	\$6.75	\$13.50	\$20.25
55-59	\$17.20	\$17.20	\$34.40	\$51.60	55-59	\$17.20	\$8.60	\$17.20	\$25.80
60-64	\$20.40	\$20.40	\$40.80	\$61.20	60-64	\$20.40	\$10.20	\$20.40	\$30.60
65-69	\$21.10	\$21.10	\$42.20	\$63.30	65-69	\$21.10	\$10.55	\$21.10	\$31.65
70-74	\$27.30	\$27.30	\$54.60	\$81.90	70-74	\$27.30	\$13.65	\$27.30	\$40.95
75-79	\$27.30	\$27.30	\$54.60	\$81.90	75-79	\$27.30	\$13.65	\$27.30	\$40.95
80-84	\$27.30	\$27.30	\$54.60	\$81.90	80-84	\$27.30	\$13.65	\$27.30	\$40.95
85+	\$27.30	\$27.30	\$54.60	\$81.90	85+	\$27.30	\$13.65	\$27.30	\$40.95

Child				
Age	Rate per \$10k	\$5,000.00	\$10,000.00	\$15,000.00
<26	\$2.50	\$1.25	\$2.50	\$3.75

**IDENTITY THEFT PROTECTION**

Coverage available for single or family and choose from two tiers of coverage

	<b>Total</b>	<b>Ultimate</b>
Employee Only	\$5.55/month	\$6.90/month
Family	\$9.75/month	\$12.50/month